

Abstract 751

TITLE: Predictors of Specialty Clinic and Antiretroviral Drug Use in HIV-Infected Women

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BACKGROUND/OBJECTIVES: Use of HIV specialist clinics for HIV treatment has been linked in previous studies to greater use of antiretroviral therapy (ART) or highly active ART (HAART). It has not yet been established which factors other than insurance are consistently linked to the choice of HIV specialist clinics for the treatment of HIV infection. Our objective was to evaluate the association of current substance use and depression with self-reported attendance at HIV specialist clinics and use of ART in a cohort of HIV-infected women.

METHODS: The HIV Epidemiology Research Study (HERS) is a multi-site prospective study of HIV-infected and at-risk women in four urban sites in the U. S. This analysis is restricted to 277 HIV-infected women at sites which monitor rather than supply HIV treatment. A cross-sectional analysis was done on the latest study visit for 1998. Logistic regression was used to determine which factors were associated with use of a patient-defined HIV specialty clinic, controlling for age, education, CD4+ cell count, insurance and income category.

RESULTS: 51 (19%) of the women received HIV treatment at other than an HIV specialty clinic, 81% received HIV treatment at a specialty clinic. 25% of women reporting HIV specialty clinic use received HAART compared to 10% of women receiving care elsewhere ($OR_{uni}=3.1$; $p=0.02$), a difference that remained for women with CD4+ cell counts below $500/mm^3$. Less *Pneumocystis carinii* prophylaxis use in women who had <200 CD4+cells/ mm^3 was reported by those receiving care at other than an HIV specialty clinic ($OR_{uni}=2.5$; $p=0.07$). Women receiving care at other than an HIV specialty clinic were more likely to report having no insurance ($OR_{adj}=6.8$, $p=0.005$); 8th grade education or less ($OR_{adj}=3.6$; $p=.0.06$) being a current injection drug user (IDU)($OR_{adj}=2.4$; $p=0.05$); and less likely to have psychological depression ($OR_{adj}=0.4$; $p=0.01$). Alcohol use and crack cocaine use were not independently associated with clinic type. Even for women cared for by HIV specialists, use of HAART by IDUs (13%) lagged behind that in non-IDUs (28%)($OR_{uni}=0.4$; $p=0.06$).

CONCLUSIONS: Several factors are associated with women 's use of HIV specialty clinics and HAART. In particular, injection drug use is associated with less use of HIV specialty clinics and HAART. Even in IDU women who attend HIV specialists, use of ART is decreased compared to non-IDU women.

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